

10/08/70

APPLICATION NUMBER

<input type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through Number) Cancelled	<input type="checkbox"/>	Non-Elected	<input type="checkbox"/>	Appeal
<input checked="" type="checkbox"/>	Allowed	<input checked="" type="checkbox"/>	Restricted	<input type="checkbox"/>	Inference	<input type="checkbox"/>	Objected

Claim	Date	Claim	Date	Claim	Date
1		15		30	
2		16		31	
3		17		32	
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If more than 150 claims or 10 actions  
staple additional sheet here